UNIVERSITY OF WISCONSIN - LA CROSSE ADVENTURE PROGRAMS - CLIMBING WALL AND CHALLENGE COURSE PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK

In consideration of the services of the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-La Crosse, their officers, agents and employees, and the UW-La Adventure Program, (hereinafter collectively referred to as "UWL.AP"), I hereby agree to release and discharge the UWL.AP, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that climbing on a climbing wall or challenge course entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: climbing on, or falling off, loose and/or damaged artificial holds, the artificial climbing structures, falling to the ground, on other users, or being fallen on by other users, abrasions from the walls, ropes, pads, or the floor, equipment failure, belay failure, or climbing out of control or beyond ones personal limits, the negligence of other climbers, visitors, participants, or other persons who may be present, or my own negligence.

Furthermore, UWL.AP employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be ignorant of a participant's fitness or abilities. Belayers may give inadequate warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless UWL.AP from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of UWL.AP's equipment or facilities, including any such claims which allege negligent acts or omissions of UWL.AP.
- 4. Should UWL.AP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
- 6. I agree to grant UWL.AP authority to act in any attempt to safeguard and preserve my health or safety during my participation in this activity, including authorizing medical treatment on my behalf and at my expense.
- 7. I agree to conform to all applicable policies, rules, regulations and standards of conduct established by UWL.AP.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against UWL.AP on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

I have had sufficient opportunity to rea	d this entire document. I have	e read and understood it, and I agr	ee to be bound by its terms.
Signature of Participant:		Check one:	UWLNon UWL
Check one: 18 years of age or olde	er Under 18 years of age	(Parent/Guardian consent require	ed)
Print Name:			
Address:	City:	State:	Zip:
Phone:	Date:	Birth Date:	Age:
In consideration of participate in its activities and to use it Claims which are brought by, or on be ADULT SIGNING THIS WAIVER FOR IF THE ADULT MAY NOT BE THE GU	chalf of Minor, and which are A MINOR IS AGREEING TO I	in any way connected with such t NDEMNIFY UWL.AP ON BEHALI	use or participation by Minor. AN FOF THE CHILD PARTICIPANT, EVE
Signature of Parent or Guardian:		Date:	
Print Name:			
PHOTO/MEDIA R I grant to UWL.AP the right to use behalf of minor for use in materials	e, reproduce, assign and/or	leted by parent for participa distribute photographs, films	
Signature of Participant (18 years	or older):		Date:

Date:

Signature (Parent/Guardian if under 18 years old):

STATEMENT OF HEALTH FORM UW-LA CROSSE ADVENTURE PROGRAMS

All participants must complete and sign Statement of Health Form prior to participation.

NAME:				
			WEIGHT:	
ADDRESS:			PHONE:	
CITY:		STATE:	ZIP:	
DOCTOR'S NA	ME:		PHONE:	
EMERGENCY CONTACT PERSON:			PHONE:	
ADDRESS:				
CITY:		STATE:	ZIP:	
HEALTH HIST	ORY (describe condition	n/treatment where possible	e):	
ALLERGIES (in	nsect stings, drugs, etc.)	:		
CONDITIONS 1	REQUIRING REGULA	R MEDICATION (diabete	es, epilepsy, etc.):	
	RIES, ILLNESSES, OP			
OTHER PHYSI	CAL DISABILITIES O	R CHRONIC OR PHYSIC	CAL CONDITIONS: (heart or	
back problems, p	pregnant, high blood pre	essure, etc.):		
EMOTIONAL (OR BEHAVIORAL DIS	SORDERS (phobias, etc.):_		
being such that the be sought and foll	e activities will in no way owed. The UWL ADVEN	aggravate any conditions pre	onsibility for the applicant's health sent. If in doubt, medical advice will notified of any changes in the n this form to be true.	
Signature of Par	ticipant (18 years or old	er):	Date:	
Signature (Paren	nt/Guardian if under 18 v	vears old):	Date:	